

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH SUD Discharge UR Policy	<u>POLICY #:</u> DSAMH049
<u>PREPARED BY:</u> DSAMH SUD UR	<u>DATE ISSUED:</u> 4/17/23
<u>RELATED POLICIES:</u> DSAMH003 Provider Appeals Policy DSAMH047 SUD Initial Review UR Policy DSAMH048 SUD Continued Stay UR Policy DSAMH050 SUD Retroactive UR Policy	<u>REFERENCE:</u> NQCA, HEIDIS, CMS
<u>DATES REVIEWED:</u> 4/17/23	<u>DATES REVISED:</u> 2/8/23
<u>APPROVED BY:</u>  <p>1B71C05196B24CA...</p> <p>4/24/2023 10:47 AM PDT</p>	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for applicable substance use disorder (SUD) treatment for Delaware residents eighteen (18) years of age or older who are uninsured, underinsured, or have Delaware Medicaid fee-for-service. DSAMH-contracted providers that provide services for Residential Treatment (ASAM 3.1, 3.3, 3.5), Intensive Outpatient (ASAM 2.1), Residential Detox (ASAM 3.2, 3.7), Ambulatory Withdrawal Management (ASAM 2), or 23-hr Ambulatory Withdrawal Management (ASAM 2) must follow the steps outlined in this policy for authorization by DSAMH.

II. **POLICY STATEMENT:**

DSAMH shall conduct discharge reviews to ensure that clients receive discharge plans that reflect a continuity of care to the least restrictive level of care that is affordable, appropriate, feasible, and obtainable. The goal is that each patient has a discharge plan in place in order to promote best outcomes and prevent rapid readmission.

III. **DEFINITIONS:**

“Authorization” means the agreement from DSAMH that a patient meets medical necessity as defined by ASAM criteria for substance use disorder treatment and that DSAMH will pay for treatment.

“Delaware resident” means either:

1. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware and spends more than 183 days in the State.
2. A person possesses a valid Delaware-issued identification card such as driver's license or non-driver identification card.

"Discharge Plan" means a plan developed to coordinate services of an individual to the next level of care. Discharge plans should include, but are not limited to, any information pertaining to appointments, medications, access to medication, transportation, housing, and any other identified health or social service needs.

"FFS" means fee-for-service.

"Utilization Review" or "UR" means the review of clinical information to determine authorization approval or denial.

IV. **SCOPE**: This policy and procedure applies to all DSAMH-contracted providers that provide Residential, Intensive Outpatient, Residential Detox, Ambulatory Withdrawal Management, and/or 23-hr Ambulatory Withdrawal Management services for uninsured, underinsured patients, or patients with Medicaid fee-for-service.

V. **PROCEDURES/RESPONSIBILITIES**

- A. Discharge documentation must be submitted to the DSAMH SUD UR email box DSAMH_EEU_SUD@delaware.gov within one (1) business day after discharge with the word "discharge" in the subject line. Discharge documentation submitted to another email box or Fax to the office will not be accepted. The discharge instructions shall include:
1. Aftercare appointment with outpatient SUD provider who accepts State pay or FFS payment within seven (7) days of discharge,
 2. Aftercare appointment with a mental health provider, if needed, who accepts State pay or FFS payment within seven (7) days of discharge,
 3. Relapse prevention plan,
 4. Community resources and emergency numbers, and
 5. Discharge diagnosis.
- B. Review of discharge documentation:
1. DSAMH SUD UR will conduct a review of all discharge documentation to provide determination of appropriateness of discharge plan.
 2. The information obtained from the discharge documentation is utilized for the final authorization.
 3. Incomplete, inappropriate, or late discharge plans will result in denial of payment from the State.
- C. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.

VI. **POLICY LIFESPAN**: Policy supersedes previous distributions of this policy as detailed in dates revised. This policy will be reviewed annually.

VII. **RESOURCES**:

- A. DSAMH047A UR Auth Form